



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/SERVICE-LEARNING
Community Service Grant Program Cohort 2

QUARTERLY INVOICE

| | | | |
|----------------------------|--------------------------|--|--|
| District/Organization Name | | County/District Code Number _____ - _____ | |
| Contact Person | Phone Number () | | |
| Street Address | | Fax Number () | |
| City | State | Zip Code | |

DESCRIPTION OF SERVICES

Instructions:

1. All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. Receipts/purchase orders are not required with this form but must be kept on file.
2. List total CSGP grant amount expenses you are requesting reimbursement for. The State of Missouri does not make advanced payments for any services performed or goods purchased.
3. Forms not completed in their entirety or according to directions will be returned for revision and could result in delay of payment.
4. Invoice dues dates for 2004 are: October 15 and December 15. Dates for 2005: March 15 and June 30.

| Budget Category | Amount of Verifiable Expenditures | FOR OFFICE USE ONLY (Amount Requested) |
|-----------------------------------|-----------------------------------|---|
| Salaries | \$ | \$ |
| Benefits | \$ | \$ |
| Travel and Transportation | \$ | \$ |
| Supplies | \$ | \$ |
| Equipment | \$ | \$ |
| Professional Development | \$ | \$ |
| Purchased Services | \$ | \$ |
| Other | \$ | \$ |
| In-Direct Costs | \$ | \$ |
| Total Amount of Payment Requested | \$ | \$ |

Signature on this form indicates that the vendor has complied with all guidelines in expending the grant award and that all expenditures have been approved and are related to the CSGP and such documentation is available upon request.

| | | | |
|-----------------------------|------|----------------------|------|
| Signature of Contact Person | Date | Authorized Signature | Date |
|-----------------------------|------|----------------------|------|

FOR OFFICE USE ONLY

| | | | | |
|-------------------------------|----|---|---------|--------------------|
| Approved by | | Date | Quarter | Payment Month/Year |
| Total Amount Awarded | \$ | PLEASE COMPLETE AND RETURN TO: Service-Learning Supervisor Community Education Department of Elementary and Secondary Ed. P.O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 526-5395 FAX: (573) 526-4261 | | |
| Previous Amount(s) Paid | \$ | | | |
| Amount Paid with this Invoice | \$ | | | |
| Amount Remaining | \$ | | | |